

Art 19 Amended Clms

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 101582728 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		1				
6		1				
7		1				
8		4				
9		4				
10		4				
11		4				
12		4				
13		4				
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21		4				
22		4				
23		4				
24		4				
25		4				
26		4				
27		4				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
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41		1				
42		1				
43	1					
44		1				
45		1				
46		1				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	103	←		←		←
TOTAL CLAIMS	110					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						